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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-873)

SERIAL NO. 09/889,616 FILING DATE 7-16-01
APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | 2 | | 2 | | 1 | |
| TOTAL DEP. | 21 | | 13 | | 5 | |
| TOTAL CLAIMS | 23 | | 15 | | 6 | |

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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS ONLY

SERIAL NO.

09/889,616

FILING DATE

7-16-01

APPLICANT(S)

Page 2

11.19.04

CLAIMS

| | ORIGINAL | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|---------------------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 1 | | | | | |
| TOTAL DEP. | 6 | | | | | |
| TOTAL CLAIMS | 7 | | | | | |

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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS